PTO/5817 (12-04)
Accorded for use through 07/51/2006: OMR 0651-0037

| For each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Shorts  Extra Sheets  Number of each additional 50 or fraction thereof  Fee Paid (5)  -100=  /50  (round up to a whole number) X  Extra Sheets  Fee Paid (5)  Fee Paid (5)  Non-English Specification, \$130 fee (no small entity discount)  Other: Terminal Disclaimer Fee under 37 CFR 1.20(d), Fee Code 1814, \$130 each - Submitting Two Disclaimers  \$280.00  SUBMITTED BY  Registration No. (Abarregistration   | Under the F  | eparwork Reduction Act      | of 1995, no persona s     | तारा क bर्बाध्यक्त क | U.S. Pate                     | ent and Trademari     | Office; U.S. DEPART    | MENT OF COMMERCE |  |
|---|--|-----------------------------|---------------------------|----------------------|-------------------------------|-----------------------|------------------------|------------------|--|
| FEE TRANSMITTAL FOR FY 2005 Express Mild Labet No.    Applicant Calves small cartlet No.   Examinor Name   PATEL Ashok  | Effective on 12/08/2004.   |                             |                           |                      |                               |                       |                        |                  |  |
| FOR FY 2005 Express Medi Lebel No.  Express Media Septiment (Check all that apply)  Check Credit Card Money Order None Cherry (Please Identify):  Depost Account Depost Account Number (Sight 12)  Charge Fee(s) Indicated below Level of the betty surfertaed to: (check at that apply)  Charge Fee(s) Indicated below Level of the betty surfertaed to: (check at that apply)  Charge Fee(s) Indicated below Level of the betty surfertaed to: (check at that apply)  Charge Fee(s) Indicated below Level of the Betty Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fitting fee Charge Fee(s) Indicated below, except for the fit  |  |                             |                           |                      | Application Number            |                       | 10/702,202             |                  |  |
| Express Mall Label No.   Express Name   PATEL Ashok   |  |                             |                           |                      | Filing Date                   |                       | November 4, 2003       |                  |  |
| Applicant Claims small entity status. See ST CFR 1.27   | FOR FY 2005  |                             |                           |                      | First Named Inventor          |                       | RUSS                   |                  |  |
| METHOD OF PAYMENT (Check all that apply)   Charge Feed Careful Card   Money Order   None   Other (please identity):   | Express Mail Label No.   |                             |                           |                      | Examiner Name PATEL, Ashok    |                       | PATEL, Ashok           |                  |  |
| METHOD OF PAYMENT (Check all that sppt)   |  |                             |                           |                      | Art Unit                      |                       | 2879                   |                  |  |
| Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: (8£1135) Deposit Account Name: (Pich, Even, Tablin & Flannery For the above-destribled deposit account, the Director is hereby authorized for (check all that apply)  Charge Fee(s) Indicated Delow Charge Fee(s) Indicated Delow, except for the fitting fee Charge any additional fee(s) or underpayments of fee(s) Charge Fee(s) Indicated Delow, except for the fitting fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  WARRUNG: Information as that farm may become public. Credit card information abould set be included on this form. Provide credit card information and authorization of PTO-2038.  FEE CALCULATION  1. BASIC FILLING FEE, SEARCH, AND EXAMINATION FEES FILING FEE, SEARCH, AND EXAMINATION FEES FILING FEE, SEARCH, STEE SEARCH FEES Small Entity Fee (5) Small Entity Fee (6) Small Entity Fee (  | TOTAL AMOUNT OF PAYMENT (5)260.00 Attorney Docket No. 81183/7114   |                             |                           |                      |                               |                       |                        |                  |  |
| Deposit Account Deposit Account Number: 88-1135 Deposit Account Name: From, Even, Tablin & Flannery For the above-identified deposit account, the Director is hereby authorized to: (check dil that apply)  Charge Fee(s) indicated bellow Credit any overpayments Credit indicated bellow Charge Fee(s) indicated bellow Charge Fee(s) indicated bellow Charge Fee(s) indicated bellow Credit any overpayments Credit indicated bellow Charge Fee(s) indicated bellow Credit any overpayments Credit indicated bellow Credit any overpayments Credit indicated bellow Charge Fee(s) indicated bellow Credit any overpayments Examination Fee(s) Fee(s) Small Entity Fee(s  | METHOD OF PAYMENT (Check all that apply)   |                             |                           |                      |                               |                       |                        |                  |  |
| Charge Fee(g) indicated below   |  |                             |                           |                      |                               |                       |                        |                  |  |
| Charge Fee(s) Indicated below   |  |                             |                           |                      |                               |                       |                        |                  |  |
| Charge any additional fas(s) or underpayments of fas(s)  Under 37 CFR 1.16 and 1.17  WARNINC: Information an table form may become public. Credit card information abould not be included on this form. Provide credit card information and authorization of PTO-2038.  FEE CALCULATION  1. BASIG FILING FEE, SEARCH, AND EXAMINATION FEES  PILING FEES  Application Type  Fas (S)  Fas (S)  Fas (S)  Seal Entity  Fas (S)  Seal Entity  Fas (S)  F  |  |                             |                           |                      |                               |                       |                        |                  |  |
| WARNING: Laformation as this form may become public. Credit card information abould not be included on this form. Provide credit card information abould not be included on this form. Provide credit card information abould not be included on this form. Provide credit card information abould not be included on this form. Provide credit card information abould not be included on this form. Provide credit card information abould not be included on this form. Provide credit card information abould not be included on this form. Provide credit card information and not be included on this form. Provide credit card information and not be included on this form. Provide credit card information and not be included on this form. Provide credit card information and not included on this form. Provide credit card information and included not be included on this form. Provide credit information and information of the included on this form. Provide credit information and included not include and included not include and included not i  | The state of the s |                             |                           |                      |                               |                       |                        |                  |  |
| Pee CALCULATION   Pee   SEARCH, AND EXAMINATION FEES   Pee   SEARCH FEES   PEE   SEA  | ☑ under 37 CFR 1.16 and 1.17   |                             |                           |                      |                               |                       |                        |                  |  |
| BASIC FILING FEE, SEARCH, AND EXAMINATION FEES   SEARCH FEES   SHAPPILICATION FEES   SEARCH FEES   SHAPPILICATION FEES   SHAPPILICATION FEES   SHAPPILICATION FEES   SHAPPILICATION FEES   Small Entity   Fee (\$)   Small Entity   Fee (\$)                 | WARVANCE LELOCIMMON on the form may become public. Credit card information abould not be included on this form. Provide credit card information and authorization of PTO-2018.   |                             |                           |                      |                               |                       |                        |                  |  |
| ## PILING FEES   Small Entity   Fee (\$)   Small Entity   Fee (\$)   Small Entity   Fee (\$)   Fee | FEE CALCULA  | TION                        |                           |                      |                               |                       |                        |                  |  |
| Application Type  | 1. BASIC FILIN   |                             |                           |                      |                               |                       |                        |                  |  |
| Utility   300   150   500   250   200   100   100   50   130   65   | Application Ty   | 20                          | Small Entity              |                      | Small Entit                   |                       | <b>Small Entity</b>    | Fees Paid (\$)   |  |
| Plant 200 100 300 160 160 80  | Utility  | 300                         |                           | 500                  |                               | 200                   |                        | _                |  |
| Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0  | Design   | 200                         | 100                       | 100                  | 50                            | 130                   | 65                     |                  |  |
| Provisional 200 100 0 0 0 0 0 0 0 0 2. EXCESS CLAIM FEES  Fee Description Each dalm over 20 or, for Rolesues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Rolesues, each Independent claim more than in the original patent 200 100 Multiple dependent claims  Total Claims Extra Claims Fee(s) Fee Paid (5) Multiple Dependent Claims  Total Claims Extra Claims Fee(s) Fee Paid (5) Multiple Dependent Claims  HP = highest number of total claims paid for, if greater than 20 Index. Claims  Partra Claims Fee(s) Fee Paid (5)  HP = highest number of total claims paid for, if greater than 20 Index. Claims  -3 or HP = X =  | Plant  | 200                         | 100                       | 300                  | 150                           | 160                   | 80                     | -                |  |
| 2. EXCESS CLAIM FEES  Fee Description Each claim over 20 or, for Relissues, each claim over 20 and more than in the original patent Each independent claims over 3 or, for Relissues, each independent claim more than in the original patent 360 270 Each independent claims  Total Claims  Extra Claims Extra Claims Fee(\$) Fee Paid (\$)  Mutitale Dependent Claims  Fee (\$) Fee Paid (\$)  HP a highest number of total claims paid for, if greater than 20 Indep. Claims Fee(\$) Fee Paid (\$)  Fee Paid (\$  | Reissue  | 300                         | 150                       | 500                  | 250                           | 600                   | 300                    |                  |  |
| Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims  Total Claims Extra Chaims Fee (\$) Fee Paid (\$)  Multiple dependent Claims  Zo or HP = X = Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20  Indes Claims Rara Claims Fee (\$) Fee Paid (\$)  Fee Paid (\$)  For Paid (\$)  For each additional 30 sheets or fraction thereof. See 35 U.S. C. 41(a)(1)(G) and 37 CFR 1.16(e).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof  So 35 U.S. C. 41(a)(1)(G) and 37 CFR 1.16(e).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee Paid (\$)  For Paid (\$)  For each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(1)(G) and 37 CFR 1.16(e).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  Fee Paid (\$)  F   |  |                             | 100                       | 0                    | 0                             | 0                     | 0                      |                  |  |
| Each claim over 20 or, for Relicaues, each claim over 20 and more than in the original patent  50 25 Each independent claim over 3 or, for Relicaues, each Independent claim more than in the original patent  50 25 Each independent claim over 3 or, for Relicaues, each Independent claim more than in the original patent  50 25 Each independent claims 200 100 Multiple dependent claims  70 or HP =  |  |                             |                           |                      |                               |                       |                        |                  |  |
| Total Claims Extra Claims Fee (3) Fee Paid (3) Mutitiple Dependent Claims  -20 or HP =  | Each dalm over 20 or, for Reissues, each claim over 20 and more than in the original patent  Each independent claim over 3 or, for Reissues, each Independent claim more than in the original patent  200  100   |                             |                           |                      |                               |                       |                        |                  |  |
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| Index. Cialms  -3 or HP = X = X = X = X = X = X = X = X = X =   |  |                             |                           | <u> </u>             |                               | Fee (S) Fe            | e Paid (5)             | . [              |  |
| -3 or HP = X = HP = highest number at tradependent ctains paid for, if greater than 3  3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  For each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  -100=  | _  | •                           | •                         |                      | d (\$1)                       |                       | <del></del>            |                  |  |
| 3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  For each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Other. FEE(\$)  Non-English Specification, \$130 fee (no small entity discount)  Other. Terminal Disclaimsr Fee under 37 CFR 1.20(d), Fee Code 1814, \$130 each - Submitting Two Disclaimers  \$280.00  SUBMITTED BY  Signalure  Registration No. (Accomplication N   |  | rHP =                       | ×                         | =                    | <u> </u>                      |                       |                        |                  |  |
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)  For each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(1)(G) and 37 CFR 1.16(e).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (S)  Fee Peld (S)  4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Other: Terminal Disclaimer Fee under 37 CFR 1.20(d), Fee Code 1814, \$130 each - Submitting Two Disclaimers  \$280.00  SUBMITTED BY  Registration No. 42,880  Telephone (868)552-1311  Name (Print/Type)  Scott J. Menghini  Data December 20, 2004   |  |                             |                           |                      |                               |                       |                        |                  |  |
| Total Shorts  Extra Shorts  Number of each additional 50 or Prection thereof  -100=   | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)   |                             |                           |                      |                               |                       |                        |                  |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small critity discount)  Other: Terminal Disclaimer Fee under \$7 CFR 1.20(d), Fee Code 1814, \$130 each - Submitting Two Disclaimers  \$280.00  Substitute BY  Registration No. (858)552-1311  Name (Print/Type) Scott J. Menghini  Data December 20, 2004   |  |                             |                           |                      |                               |                       |                        | ) Fee Pala (5)   |  |
| 4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small critity discount)  Other: Terminal Disclaimer Fee under \$7 CFR 1.20(d), Fee Code 1814, \$130 each - Submitting Two Disclaimers  \$280.00  Substitute BY  Registration No. (Associated No. (Associ  |  | -100=                       | /50=                      |                      |                               |                       |                        |                  |  |
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| SUBMITTED BY  Signature Registration No. (Assumption of United States of Sta  | Non-English Specification, \$130 fee (no small entity discount)  |                             |                           |                      |                               |                       |                        |                  |  |
| Signsture Registration No. (Adams/Agand) 42,880 Tokephone (858)562-1311  Name (Print/Type) Scott J. Menghini Data December 20, 2004   | Other: Terminal Disclaimer Fee under S7 CFR 1.20(d), Fee Code 1814, \$130 each - Submitting Two Disclaimers \$280.00   |                             |                           |                      |                               |                       |                        |                  |  |
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| to collection of information is required by \$7.578, L17 and 1.27. The information is required to the few making in the f   | Name (Print/Type)  | Scott J. Menghini           |                           |                      |                               |                       | Data Decer             | nber 20, 2004    |  |
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ton concern we semantical in quarter by Fr. CFR. LLT and LEF.. The information is required to chink or reads a benefit by the public which is to file (and by the USFT) to process) an application. Confidentially is greated by 17 U.S.C. 121 and 57 CFR. Left. This collection is estimated to the 10 chinks or complete, betted generating, preparing, and administrating the completed application from the USFTO. These will very depositing upon the infinited come. Any comments on the empire of the year to complete this formation Officer, U.S. Praces and Trademark Office, U.S. Occurrences of Consecute, P.O. Box 1419 Alternative, V.A. 22113-1450. DO NOT SERO FIRST OR COMPLETED DORART TO THIS ADMINISTRATION OF THE CONSECUTION OF THE PROCESS OF THE CONSECUTION OF THE CONSECUTI